EXHIBIT A

CUS.	TOM	ᆮᄰ	CL	₋Δι	IM

Claim Number	
Date Received	

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Bricklayers and Allied Craftworkers Local 2 Annuity Fund 300 Centre Drive Albany, NY 12203 Income Plus Investment Fund. Madoff Account #: 1-I0004 Tax ID #: 16-1298071

Provide your office and home telephone no. OFFICE: 1-800-664-8314 1-518-258-4066

Taxpayer I.D. Number (Social Security No.)

(If incorrect, please change)

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY NOTE: THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT, PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- 1. Claim for money balances as of December 11, 2008;
 - The Broker owes me a Credit (Cr.) Balance of

I owe the Broker a Debit (Dr.) Balance of Ь.

05/11/2011 04:08 FAX 08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 3 of 125 If you wish to repay the Debit Balance, Ċ. please insert the amount you wish to repay and attach a check payable to "Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC." If you wish to make a payment, it must be enclosed with this claim form. Jone If balance is zero, insert "None." d. Claim for securities as of December 11, 2008: 2. PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION. The Broker owes me securities I owe the Broker securities If yes to either, please list below: Number of Shares or Face Amount of Bonds The Broker Date of I Owe Transaction Owes Me the Broker Name of Security (trade date) (Long) (Short) Investment Fund SIPC

園 0.137.07.1

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

the above estimated amount is the

Claimant's Share of the Madoff

loss only.

05/11/2011 14:07 FAX 08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A

Part 1 Customer Claims Pg 4 of 125

Information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		<u>X</u>
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		<u>X</u>
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	· · .	<u> </u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u>X</u> _
B.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		<u>X</u>

9.	Have you or any memever filed a claim unde Investor Protection Ac so, give name of that	der the Securities act of 1970? if	<u> </u>
		me and address of anyone assisting you in the aim form: <u>See Exhibit A</u>	
	annot compute the amou lease indicate your claim	ount of your claim, you may file an estimated cla m is an estimated claim.	aim. In tha
CONVI	CTION CAN RESULT	EDERAL LAW TO FILE A FRAUDULEN I IN A FINE OF NOT MORE THAN \$5 ORETHAN FIVE YEARS OR BOTH.	
	OREGOING CLAIM IS MATION AND BELIEF.	S TRUE AND ACCURATE TO THE BES	T OF MY
Date	3/2/2009	Signature St Lace	<u> </u>
Date		Signature	
address	, phone number, and ex	shared, all must sign above. Give each own- xtent of ownership on a signed separate shee proprate, trustee, custodian, etc., also state you	et If other

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

and authority. Please supply the trust agreement or other proof of authority.)

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Customer Claims Pq 6 of 125

RESOLUTION

WHEREAS, the Bricklayers and Allied Craftsmen Local 2 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund: and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Stephen O'Sick, Administrator of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		BRICKLAYERS AND ALLIED CRAFTSMEN LOCAL 24NNVITY FUND
Dated: 3/2/09	By:	Little The
		Robert Manuallo, Union Trustee
Dated: 3/2/09	By:	Luke Renna
, ,		Luke Renna, Union Trustee

04/25/2011 14:41 FAX 08-01789-cgm		iled 05/16/11 Customer Clain	Entered 05/16/11	15:33:30	Exhibit A	07/016
Dated:	3/2/09	By:	Miller	6. 6	elogo-	· ·
Dated:3	12/09	Ву:	Anthony Caropre	so, Employ	er Trustee	2

kie/Madoff/BRICKAD/SIPC Resolution-Indirect

CUSTOMER CLAIM

Claim Number
Date Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Bricklayers and Allied Craftworkers Local 2 Pension Fund 300 Centre Drive Albany, NY 12203 Income Plus Investment Fund, Madoff Account #: 1-I0004 Tax ID #: 14-6075802 Provide your office and home telephone no.

OFFICE: 1 - 800 - 664 - 8314

HOME: 1-518-258 4066

Taxpayer I.D. Number (Social Security No.)

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- 1. Claim for money balances as of December 11, 2008;
 - a. The Broker owes me a Credit (Cr.) Balance of

b. I owe the Broker a Debit (Dr.) Balance of

\$ <u>-0-</u>

05/11/2011 14:05 FAX ☑ 011/021

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 9 of 125

	C.	If you wish to repay the Debit Balance	1	
	1	please insert the amount you wish to r	epay and	
		attach a check payable to "Irving H. Pi	icard, Esq.,	
		Trustee for Bernard L. Madoff Investm	ent Securities LLC.'	1
		If you wish to make a payment, it mus	t be enclosed	
		with this claim form.	\$ <u> </u>	0-
	ď.	If balance is zero, insert "None."		lone
2.	Clai	im for securities as of December 11, 200	08:	
PLEA	ASE DO	NOT CLAIM ANY SECURITIES YOU H	IAVE IN YOUR POS	SESSION.
			YES	<u>NO</u>
,	a.	The Broker owes me securities	<u> </u>	·
	b.	I owe the Broker securities		<u>X</u>
	c.	if yes to either, please list below:		
			Numbe	r of Shares or
			_Face Am	ount of Bonds
Date	e of		The Broke	er I Owe
	action	Name of Convert	Owes Me	
(uade	e date)	Name of Security	(Long)	(Short)
		\$5179,685.45	<u> </u>	
····		Please refer to Income Plus	<u> </u>	
		Investment Fund SIPC Claim	<u>~:.</u>	
		the above estimated amount is	the	
		<u>Claimant's Share of the Madoff</u> 1055 only.	<u> </u>	

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

⊵2]012/02 i

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		<u>YES</u>	. <u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		<u>X</u>
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	·	<u>X</u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u>X</u> .
₿,	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		<u> </u>

05/11/2011 14:06 FAX

Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A 08-01789-cgm Part 1 Customer Claims Pg 11 of 125

<u>⊠</u>013/021.

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if	_
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A	_ ,
	nnot compute the amount of your claim, you may file an estimated claim. In tease indicate your claim is an estimated claim.	that
CONVIC.	VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLA TION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 ONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.	

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 3/2/209	Signature St 1-000
Date	Signature

(If ownership of the account is shared, all must sign above. Give each owner's name. address, phone number, and extent of ownership on a signed separate sheet. If other, than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

> Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, TX 75201

04/25/20108-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A 008/018

RESOLUTION

WHEREAS, the Bricklayers and Allied Craftworkers Local 2, Albany, New York, Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Stephen O'Sick,
Administrator of the Fund, to sign the Customer Claim Form and any and all other documents
pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other
necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of
the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts: Together the counterparts shall constitute a full and original Resolution for all purposes.

		BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 2, ALBANY, NEW YORK, PENSION FUND
Dated: 3/2/09	By:	Robert Mestello, Union Trustee
Dated: $\frac{3}{2}/\delta G$	Ву:	Luke Renna, Union Trustee

04/25/20 108-01789-cgm Doc 4068-2 Part 1	Filed 05/16/11 Customer Claim	Entered 05/16/11 15:33:30 Exhibit $^{\circ}A^{010/016}$ is Pg 13 of 125
Dated: 1/25/2009	By:	St. W.
Dated: 2/27/2009	Ву:	Mickael Suprement, Union Trustee
Dated: 3/2/09	Ву:	Dale Stehlin, Union Trustee
Dated: 3/2/09	By:	Martin Dillon, Union Trustee
Dated: 3/3/09	Ву: 🝾	Anthony Caropreso, Employer Trustee
Dated: 3/2/09	ву:	Earl N. Hall, Employer Trustee
Dated: 3/2/09	By: _	Thomas Manay, Employer Trustee
Dated: 3/2/09	By	Todd Helfrich Employee Trustee

J.D. Gilbert, Employer Trustee

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 14 of 125



CENTRAL NEW YORK LABORERS'

HEALTH AND WELFARE, PENSION, ANNUITY & TRAINING FUNDS
7051 FLY ROAD • EAST SYRACUSE, NY 13057-9659
PHONE (315) 434-9305 • FAX (315) 437-8627

JANET M. MORO
FUND ADMINISTRATOR

February 26, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Central New York Laborers' Annuity Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

CENTRAL NEW YORK LABORERS' ANNUITY FUND

Janet M. Moro Fund Administrator

exet M. Moco

JMM/rms

Enclosures

jmc\Madoff\SIPC\IndirectMadoffInvest\CNYLabAF/Income/PicardItr



CHST	OMER	CLA	ıM
しいる			i iai

Claim Number
Date Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Central New York Laborers Annuity Fund
7051 Fly Road
Syracuse, NY 13057
Income Plus Investment Fund,
Madoff Account #: 1-I0004
Tax ID #: 16-1229376

Provide your office and home telephone no.

OFFICE: (315) 434-9305

HOME: (315) 420-8716

Taxpayer I.D. Number (Social Security No.) /し- 122 937し

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- 1. Claim for money balances as of December 11, 2008:
 - a. The Broker owes me a Credit (Cr.) Balance of

b. I owe the Broker a Debit (Dr.) Balance of

\$ 394.60 \$ -0-

	c.	If you wish to repay the Debit Balance, please insert the amount you wish to repay attach a check payable to "Irving H. Picard, Trustee for Bernard L. Madoff Investment S If you wish to make a payment, it must be with this claim form.	Esq., ecurities LLC."	5 -
	d.	If balance is zero, insert "None."	-	ne.
2.		m for securities as of December 11, 2008:		
		NOT CLAIM ANY SECURITIES YOU HAVE	IN VOLID DOSS	ESSION
PLEA	SE DO	NOT CLAIM ANY SECURITIES TOO HAVE		
			YES _	<u>NO</u>
	a.	The Broker owes me securities	<u> </u>	
	b.	I owe the Broker securities		X
	C.	If yes to either, please list below:		
				of Shares or unt of Bonds
Date Transi (trade	action	Name of Security	The Broker Owes Me (Long)	l Owe the Broker (Short)
` 		\$ 2,819,330.70	<u>X</u>	
		Please refer to Income Plus		
		Investment Fund SIPC Claim;		
-		the above estimated amount is the		
		<u>Claimant's Share of the Madoff</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4 .	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	*	
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		<u>X</u>
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	<u>X</u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u>X</u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		<u>X</u>

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A
	cannot compute the amount of your claim, you may file an estimated claim. In the please indicate your claim is an estimated claim.
CONV	A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIN ICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OF SONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.
	FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY
Date _	February 26, 2007 Signature Janet M. Maco Signature
addres than a	nership of the account is shared, all must sign above. Give each owner's name is, phone number, and extent of ownership on a signed separate sheet. If other personal account, e.g., corporate, trustee, custodian, etc., also state your capacity of the items.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR CENTRAL NEW YORK LABORERS' ANNUITY FUND [16-1229376]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Janet M. Moro, Fund Administrator Central New York Laborers' Annuity Fund 7051 Fly Road East Syracuse, New York 13057-9659 Telephone: (315) 434-9305

RESOLUTION

WHEREAS, the Central New York Laborers' Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

Dated: 2-19-09

Dated: 2-19-09

By: Gabriel M. Rosetti, Jr., Union Trustee

Dated: 2-19-09

By: Gabriel M. Rosetti, III, Union Trustee

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 21 of 125

Dated: 2-24-09	By:	David Henderson, Jr., Union Trustee
Dated:	Ву:	Earl N. Hall, Employer Trustee
Dated:	Ву:	Earl R. Hall, Employer Trustee
Dated:	Ву:	Todd C. Curran, Employer Trustee
Dated:	Ву:	Paul A Castaldo Employer Trustee

RESOLUTION

WHEREAS, the Central New York Laborers' Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		CENTRAL NEW YORK LABORERS' ANNUITY FUND
Dated:	By:	
	•	Gabriel M. Rosetti, Jr., Union Trustee
Dated:	By:	
		Vincent Lazzaro, Union Trustee
Dated:	By:	
	_	Gabriel M. Rosetti, III. Union Trustee

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 23 of 125

Dated:	By:	
^	David Henderson, Jr., Union Trustee	
Dated: 4e6. 20, 2009	By: tal hall	
ŕ	Earl N. Hall, Employer Trustee	
Dated: FEB 13 2009	By: Older	
	Earl R. Hall, Employer Trustee	
Dated:	By:	
	Todd C. Curran, Employer Trustee	
Dated:	By:	
	Paul A Castaldo Employer Trustee	

RESOLUTION

WHEREAS, the Central New York Laborers' Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		CENTRAL NEW YORK LABORERS' ANNUITY FUND	
Dated:	By:		
	•	Gabriel M. Rosetti, Jr., Union Trustee	-
Dated:	By:		
	-	Vincent Lazzaro, Union Trustee	
Dated:	By:		
	•	Gabriel M. Rosetti, III, Union Trustee	

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 25 of 125

Dated:	By:	
		David Henderson, Jr., Union Trustee
Dated:	By:	
		Earl N. Hall, Employer Trustee
Dated:	By:	
1		Earl R. Hall, Employer Trustee
Dated: 1/19/19	By:	tolk Muan
1		Toda C. Curran, Employer Trustee
Dated:	By:	
	-	Paul A. Castaldo, Employer Trustee

 $Klc \verb| Madoff| CNYLabAF| Resolution BeaconIncPlus$

RESOLUTION

WHEREAS, the Central New York Laborers' Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

CENTRAL NEW YORK LABORERS'

		ANNUITY FUND
Dated:	Ву:	Gabriel M. Rosetti, Jr., Union Trustee
Dated:	By:	Vincent Lazzaro, Union Trustee
Dated:	By:	Gabriel M. Rosetti, III, Union Trustee



08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 27 of 125

Dated: By:	
•	David Henderson, Jr., Union Trustee
Dated: By:	
	Earl N. Hall, Employer Trustee
Dated: By:	
	Earl R. Hall, Employer Trustee
Dated:By:	
0.05.M	Todd C. Curran, Employer Trustee
Dated: 2 · 2 5 · 09 By:	Heef (to the
	Paul A. Castaldo, Employer Trustee

CNY LABORERS' ANNUITY FUND EIN NO. 16-1229376

UNION TRUSTEES

Gabriel M. Rosetti, III 4 Braston Lane Jordan, New York 13080 Telephone:

Gabriel M. Rosetti, Jr., Secretary c/o Laborers Local 633 7051 Fly Road, Suite A East Syracuse, New York 13057 Telephone: (315) 471-1591

Vincent Lazzaro c/o Laborers Local 633 7051 Fly Road, Suite A East Syracuse, New York 13057 Telephone: (315) 471-1591

David Henderson, Jr., c/o Laborers Local 633 23 Mitchell Street Oswego, New York 13126 Telephone: (315) 343-7661

EMPLOYER TRUSTEES

Earl R. Hall, Chairman Building Trades Employers Assoc. 6563 Ridings Road Syracuse, New York 13206 Telephone: (315) 437-9936

Earl N. Hall Construction Employers Assoc. of CNY, Inc. 6563 Ridings Road Syracuse, New York 13206 (315) 437-4050

Todd C. Curran
The Curran Company
The Union Building, Suite 204
12 South Main Street
P.O. Box 258
Homer, New York 13077
Telephone: (607) 749-2950

Paul Castaldo c/o Paul A. Castaldo, Inc. 11 Fourth Avenue, Suite D Oswego, New York 13126 Telephone: (315) 343-7980 08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 29 of 125



CENTRAL NEW YORK LABORERS'

HEALTH AND WELFARE, PENSION, ANNUITY & TRAINING FUNDS
7051 FLY ROAD • EAST SYRACUSE, NY 13057-9659
PHONE (315) 434-9305 • FAX (315) 437-8627

JANET M. MORO
FUND ADMINISTRATOR

February 26, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Central New York Laborers' Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

CENTRAL NEW YORK LABORERS' PENSION FUND

Janet M. Moro Fund Administrator

Jeset M. Moro

JMM/mlw

Enclosures

jmc\Madoff\SIPC\IndirectMadoffInvest\CNYLabPF/Income/Picardltr



\bigcirc I	IST	ΛF	R	٦L.	Δl	M
	J. 7 I	 		_	_	181

Claim Number		
Date Received		

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

	Provide your office and home telephone no.		
Central New York Laborers Pension Fund	OFFICE: (315) 434.9305		
7051 Fly Road Syracuse, NY 13057	HOME: (315) 420-8716		

Taxpayer I.D. Number (Social Security No.)

(If incorrect, please change)

Income Plus Investment Fund, Madoff Account #: 1-I0004

Tax ID #: 15-6016579

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- 1. Claim for money balances as of December 11, 2008.
 - a. The Broker owes me a Credit (Cr.) Balance of

\$_-0-

b. I owe the Broker a Debit (Dr.) Balance of

	C.	If you wish to repay the Debit Balance,		
		please insert the amount you wish to repay	and	
		attach a check payable to "Irving H. Picard,		
		Trustee for Bernard L. Madoff Investment S		
		If you wish to make a payment, it must be		
		with this claim form.		5-
	d.	If balance is zero, insert "None."		one
2.		m for securities as of December 11, 2008:		
				250001
PLE	ASE DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOUR POS	SESSION.
		<u>-</u>	YES	<u>NO</u>
	а.	The Broker owes me securities	X	
	a.			
	b.	I owe the Broker securities		
	C.	if yes to either, piease list below:		
			Numbe	er of Shares or
			Face Am	ount of Bonds
Da	ite of		The Brok	er I Owe
_	nsaction		Owes Me	
(tra	de date)	Name of Security	(Long)	(Short)
		⁸ 3,358,441.89	<u>X</u>	
		Please refer to Income Plus		
		Investment Fund SIPC Claim;		
		the above estimated amount is the		
,		Claimant's Share of the Madoff 1055 only.		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		<u>X</u>
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	<u>X</u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		

3

502180406

9.	Have you or any member of ever filed a claim under the Investor Protection Act of 1 so, give name of that broke	Securities 970? if	<u>X</u>
		d address of anyone assisting you in the rm: See Exhibit A	
	annot compute the amount of ease indicate your claim is a	your claim, you may file an estimated clair n estimated claim.	m. In that
IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.			
	OREGOING CLAIM IS TR MATION AND BELIEF.	UE AND ACCURATE TO THE BEST	OF MY
		Signature Fret M. Mon	<u>(0</u>
(If owner address than a p	ership of the account is shares, phone number, and extent personal account, e.g., corpor	ed, all must sign above. Give each owner of ownership on a signed separate shee rate, trustee, custodian, etc., also state you st agreement or other proof of authority.)	t. If other

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR CENTRAL NEW YORK LABORERS' PENSION FUND [15-6016579]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Janet M. Moro, Fund Administrator Central New York Laborers' Pension Fund 7051 Fly Road East Syracuse, New York 13057-9659 Telephone: (315) 434-9305

RESOLUTION

WHEREAS, the Central New York Laborers' Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

Dated: 2-19-09

By: Gabriel M. Rosetti, Jr., Union Trustee

Dated: 3-19-09

By: Gabriel M. Rosetti, Jr., Union Trustee

By: Gabriel M. Rosetti, III, Union Trustee

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 36 of 125

Dated:	By:	Earl N. Hall, Employer Trustee
Dated:	By:	Earl R. Hall, Employer Trustee
Dated:	By:	Todd C. Curran, Employer Trustee

 $Klc\ Madoff\ CNYLabPF\ Resolution Beacon IncPlus$

RESOLUTION

WHEREAS, the Central New York Laborers' Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		PENSION FUND
Dated:	By:	Gabriel M. Rosetti, Jr., Union Trustee
Dated:	By:	Vincent Lazzaro, Union Trustee
Dated:	By:	Gabriel M. Rosetti III. Union Trustee

CENTRAL NEW VODE LAROPERS

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 38 of 125

Dated: -5620, 2009	By:	Fail n Holl
Dated: FEB 23 2009	By:	Earl N. Hall, Employer Trustee Earl R. Hall, Employer Trustee
Dated:	By:	Todd C Curran Employer Trustee

 $Klc\ Madoff\ CNYLabPF\ Resolution Beacon IncPlus$

RESOLUTION

WHEREAS, the Central New York Laborers' Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		PENSION FUND	
Dated:	Ву:	Gabriel M. Rosetti, Jr., Union Trustee	
Dated:	Ву:	Vincent Lazzaro, Union Trustee	
Dated:	By:	Gabriel M. Rosetti, III. Union Trustee	

CENTRAL NEW VORK LARORERS'

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 40 of 125

Dated:	By:	Earl N. Hall, Employer Trustee
		Last IV. Itali, Employer Traster
Dated:	By:	Earl R. Hall, Employer Trustee
Dated: 2/19/0°7	By:	Todd C. Curran, Employer Trustee

Klc\Madoff\CNYLabPF\ResolutionBeaconIncPlus

CNY LABORERS' PENSION FUND EIN NO. 15-6016579

UNION TRUSTEES

Gabriel M. Rosetti, Jr., Secretary c/o Laborers Local 633 7051 Fly Road, Suite A East Syracuse, New York 13057 Telephone: (315) 471-1591

Gabriel M. Rosetti, III 4 Braston Lane Jordan, New York 13080 Telephone:

Vincent Lazzaro c/o Laborers Local 633 7051 Fly Road, Suite A East Syracuse, New York 13057 Telephone: (315) 471-1591

EMPLOYER TRUSTEES

Earl R. Hall, Chairman Building Trades Employers Assoc. 6563 Ridings Road Syracuse, New York 13206 Telephone: (315) 437-9936

Earl N. Hall Construction Employers Assoc. of CNY, Inc. 6563 Ridings Road Syracuse, New York 13206 (315) 437-4050

Todd C. Curran
The Curran Company
The Union Building, Suite 204
12 South Main Street
P.O. Box 258
Homer, New York 13077
Telephone: (607) 749-2950



P O Box 2218 · Syracuse, New York 13220-2218 (315) 474-5729 · (800) 474-5744 FAX (315) 474-1588

March 2, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Avenue, Suite 800
Dallas Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local No. 43 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW LOCAL NO.43 PENSION FUND

Paul Kloc Fund Administrator

CUSTOMER CLAIM	Claim Number		
	Date Received		

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

		In Li	quidation
		DECEME	BER 11, 2008
EW Local 43 D. Box 2218 Facuse, NY Come Plus Invidoff Account & ID #: 16-6	13220 vestment Fi t #: 1-1000	and,	Provide your office and home telephone no. OFFICE: (315) 474-5729 HOME: (315) 430 - 3460 Taxpayer I.D. Number (Social Security No.) 16 - (153389
	(If in corre	ct, please change)	
	(II IIICOITE	ot, prodes sharige)	
	NOTE:	THE ACCOMPANYING INSTRUSHOULD BE FILED FOR EAC PROTECTION AFFORDED UND RECEIVED BY THE TRUSTEE RECEIVED AFTER THAT DATE SUBJECT TO DELAYED PROCE	LAIM FORM, BE SURE TO READ CAREFULLY CTION SHEET. A SEPARATE CLAIM FORM H ACCOUNT AND, TO RECEIVE THE FULLER SIPA, ALL CUSTOMER CLAIMS MUST BE ON OR BEFORE March 4, 2009. CLAIMS, BUT ON OR BEFORE July 2, 2009, WILL BE ESSING AND TO BEING SATISFIED ON TERMS LIMANT. PLEASE SENDYOUR CLAIM FORM BY CEIPT REQUESTED.
	****	******	***********

Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 38.47

b. I owe the Broker a Debit (Dr.) Balance of \$ -C-

and the last

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 44 of 125

	C.	If you wish to repay the Debit Balance,		
		please insert the amount you wish to repay	and	
		attach a check payable to "Irving H. Picard,		
		Trustee for Bernard L. Madoff Investment S	ecurities LLC."	
		If you wish to make a payment, it must be	enclosed	
		with this claim form.	s <u> </u>	
	d.	If balance is zero, insert "None."	No	<u>1e</u>
2.	Clai	m for securities as of December 11, 2008:	·	
PLEA	SE DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOUR POSSI	ESSION.
			YES	<u>NO</u>
-	a.	The Broker owes me securities	X	
	b.	owe the Broker securities		λ
	C.	if yes to either, please list below:		
				of Shares or
			Face Amou	int of Bonds
Date			The Broker	lowe
	action date)	Name of Security	Owes Me (Long)	the Broker (Short)
(*** **** * *	,	\$ 1.632,357.16	X	,
**************************************		Please refer to Income Plus		
		Investment Fund SIPC Claim;		
		the above estimated amount is the		
		Claimant's Share of the Madoff	-	Deposition of the control of the con
		loss only	-	****

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory auth ority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		<u> </u>

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 46 of 125

9.	Have you or any member of your fa ever filed a claim under the Securition Investor Protection Act of 1970? if so, give name of that broker.		V
	Please list the full name and address preparation of this claim form:	s of anyone assisting you i See Exhibit A	n the
If you ca	annot compute the amount of your clai lease indicate your claim is an estimat	m, you may file an estimate ed claim.	d claim. In that
CONVIC	A VIOLATION OF FEDERAL LAY CTION CAN RESULT IN A FINE SONMENT FOR NOT MORE THAN FI	OF NOT MORE THAN	
THE F	OREGOING CLAIM IS TRUE AND MATION AND BELIEF.	ACCURATE TO THE	BEST OF MY
	3/2/09 Signature 3/2/09 Signature	Julia C.To	wy
(If owne	ership of the account is shared, all mu	ust sign above. Give each	owner's name,

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LL C
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR IBEW LOCAL NO. 43 PENSION FUND [16-6153389]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Paul Kloc, Plan Manager IBEW Local No. 43 Pension Fund 4568 Waterhouse Road Clay, New York 13041 Telephone: (315) 474-5729

RESOLUTION

WHEREAS, the International Brotherhood of Electrical Workers Local No. 43 and Electrical Contractors Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize the Plan Manager of the Fund and any Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 43 AND ELECTRICAL CONTRACTORS PENSION FUND

Dated: 2-18-09

By:

Cevin I Crawford Union Trustee

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 51 of 125

Dated: 2/18/09	Ву:	Lemma McLand
Dated: 3/18/09	By:	Dennis J. McDermott, Union Trustee
Dated: 2/19/09	•	Donald H. Morgan, Union Trustee
	By:	William C. Towsley, Union Trustee
Dated: 2/20/09	Ву:	Carl Hibbard, Jr., Employer Trustee
Dated: $\frac{2}{23}/09$	By:	John S. Kogut, Employer Trustee
Dated: 2/28/09	By:	Marilyn M. Oppedisano, Employer Trustee

I.B.E.W. LOCAL UNION NO. 43 AND ELECTRICAL CONTRACTORS PENSION FUND (EIN #16-6153389)

UNION TRUSTEES

Kevin J. Crawford
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

Dennis J. McDermott
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

Donald H. Morgan
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

William C. Towsley
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

EMPLOYER TRUSTEES

Carl Hibbard, Jr.
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
c/o Patricia Electric
407 Brown Ave.
Syracuse, New York 13208
Telephone: (315) 455-7410

John S. Kogut
IBEW Local union No. 43 and
Electrical Contractors Pension Fund
c/o Kogut Electric, Inc.
1025 Erie St.
P.O. Box 1735
Utica, New York 13503-1735
Telephone: (315) 733-4655

Marilyn M. Oppedisano
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
c/o Finger Lakes NY Chapter, NECA,
Inc.
135 Cove Road, Suite 208
Liverpool, New York 13090
Telephone: (315) 451-4278

 $jmc\label{locality} jmc\label{locality} jmc\$



INTERNATIONAL BROTHERHOOD ELECTRICAL WORKERS LOCAL 139



Pension Fund

508 COLLEGE AVENUE ELMIRA, NY 14901 607-732-1237 FAX 607-737-0236 GEORGE R. (RICK) SALTSMAN, FUND ADMINISTRATOR JUDY M. OTTAVIANI, FUND MANAGER



February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 139 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

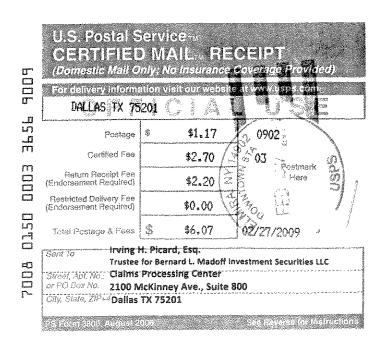
Sincerely,

IBEW LOCAL 139 PENSION FUND

George R. Saltsman Fund Administrator

George R. Alternan

GRS Enclosures



01	ICT	$\cap \mathbb{R}^{p}$	\bigcirc I	AIN	į
1 1	1.79	1 117	1	.≠\∃I¥	ı

Claim	Number
Date	Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

	Provide your office and home telephone no
I.B.E.W. Local 139 Pension Fund 508 College Avenue	OFFICE: (601) 733-5611
Elmira, NY 14901 Income Plus Investment Fund,	HOME: (661) 739-1231
Madoff Account #: 1-I0004 Tax ID #: 51-6029960	Taxpayer I.D. Number (Social Security No. 51-6039960

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1.	Claim fo	r money	balances	as o	f Dec	em	ber	11,	2008	_ :
				_						

a. The Broker owes me a Credit (Cr.) Balance of

b. I owe the Broker a Debit (Dr.) Balance of

\$ <u>117.79</u> \$ <u>-0-</u>

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 55 of 125

	C.	If you wish to repay the Debit Balance, please insert the amount you wish to repay attach a check payable to "Irving H. Picard		
2.	d. Clair	Trustee for Bernard L. Madoff Investment S If you wish to make a payment, it must be with this claim form. If balance is zero, insert "None." If for securities as of December 11, 2008:	enclosed \$." - 0- None
PLEASE	DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOUR PO	SSESSION.
		-	YES	NO
	a.	The Broker owes me securities	<u> </u>	
	b.	I owe the Broker securities		<u> </u>
	C.	if yes to either, please list below:		
				per of Shares or mount of Bonds
Date of Transacti (trade da		Name of Security	The Bro Owes M (Long)	e the Broker
		Please refer to Irrcome Plus		
		Investment Fund SIPC Claim;		
		the above estimated amount is the	***	***************************************
	· ••••	Claimant's Share of the Madoff	***************************************	***************************************

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	COMPLETION.		
		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.	**************************************	<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		<u>X</u>
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	·	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 57 of 125

9	Have you or any member ever filed a claim under th Investor Protection Act of so, give name of that brok	e Securities 1970? if	X			
	Please list the full name a preparation of this claim for	nd address of anyone assisting you in the orm: See Exhibit A				
If you ca case, ple	nnot compute the amount o ease indicate your claim is a	of your claim, you may file an estimated claim an estimated claim.	n. In that			
CONVIC	IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.					
THE FO	DREGOING CLAIM IS THATION AND BELIEF.	RUE AND ACCURATE TO THE BEST	OF MY			
Date	2/27/09	Signature George C. Sittiman				
Date		Signature				
(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)						
See Exhibit B This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:						

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR IBEW LOCAL 139 PENSION FUND [51-6029960]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

James R. LaVaute, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Judy Ottaviani, Fund Manager IBEW Local 139 Pension Fund 508 College Ave. Elmira, New York 14901 Telephone: (607) 732-5611

RESOLUTION

WHEREAS, the I.B.E.W. Local 139 Pension ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Judy Ottaviani, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

By:

Dated: 4/27/09

LOCAL 139 PENSION FUND

nest Al Hartman, Union Trustee

David Patton, Union Trustee

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 62 of 125

Dated: 2/27/09	By:	Glorge R. Saltsman
	•	George R. Saltsman, Union Trustee
Dated: 2/26/09	By:	Lindsay T. Millso Employer Trustee
Dated: 2/26/09	By:	M O D D D D D D D D D D D D D D D D D D
Dated: 2/27/09.	By:	Michael J. Sincock, Employer Trustee Symbolic Bautista, Employer Trustee Kimberly Bautista, Employer Trustee

klc/Madoff/IBEW139PF/SIPCResolution - Indirect

LIST OF TRUSTEES AND CONTACT INFORMATION FOR I.B.E.W. LOCAL 139 PENSION FUND (EIN # 51-6029960)

Ernest T. Hartman, Union Trustee I.B.E.W. Local 139 Pension Fund 508 College Avenue Elmira, New York 14901 Telephone: (607) 732-5611

David Patton, Union Trustee I.B.E.W. Local 139 Pension Fund 508 College Avenue Elmira, New York 14901 Telephone: (607) 732-5611

George S. Saltsman, Union Trustee I.B.E.W. Local 139 Pension Fund 508 College Avenue Elmira, New York 14901 Telephone: (607) 732-5611

Lindsay T. Mills, Employer Trustee I.B.E.W. Local 139 Pension Fund 1832 Grand Central Avenue P.O. Box 2068 Elmira Heights, New York 14903 Telephone: (607) 734-4112

Michael Sincock, Employer Trustee I.B.E.W. Local 139 Pension Fund 154 East Fifth Street P.O. Box 34 Elmira, New York 14902 Telephone: (607) 732-5611

Kimberly Bautista, Employer Trustee I.B.E.W. Local 139 Pension Fund c/o Southern Tier Chapter, NECA PO Box 1326
Binghamton, New York 13902
Telephone: (607) 723-8824.

klc\Madoff\IBEW139PF\Misc\TrusteesList

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 64 of 125

This fax was received on the Blitman & King LLP fax server on Monday, April 06, 2009.

Michael Talarski - Business Manager/ Financial Secretary Brian Miller - President

International of Electrical



Brotherhood Workers

AFFILIATED WITH

New York State AFL-CIO
N.Y. State Building Trades Council
Finger Lales Building Trades Council
Ithaca - Cortland Building Trades Council
N.Y. State Assoc. of Electrical Workers

LOCAL UNION No. 241

107714

Phone: 607-272-2809 Fax: 607-277-5623 701 West State Street Ithaca, New York 14850

March 2, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 241 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW LOCAL 241 PENSION FUND

Michael Talarski Fund Administrator

MT Enclosures

jmc\Madoff\SIPC\IndirectMadoffInvest\IBEW241PF/Picarditv

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 65 of 125

This fax was received on the Blitman & King LLP fax server on Monday, April 06, 2009.

CUSTOMER CLAIM	Claim Number
	Date Pensived

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

IBEW Local 241 Pension Fund 701 West State Street Ithaca, NY 14850 Income Plus Investment Fund, Madoff Account #: 1-I0004 Tax ID #: 16-6118689 Provide your office and home telephone no.

OFFICE: (L07) 272-2809

HOME: (L07) 423-2809

Taxpayer I.D. Number (Social Security No.)

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTIEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1.	Clain	n for money balances as of December 11, 2008.: The Broker owes me a Credit (Cr.) Balance of	\$	149.94
	b.	I owe the Broker a Debit (Dr.) Balance of	\$	-0-

502) 20406

	C.	If you wish to repay the Debit Balance,	:			
		please insert the amount you wish to repay and				
		attach a check payable to "Irving H. Picard	l, Esq.,			
		Trustee for Bernard L. Madoff Investment	Securit	ies LLC."		
		If you wish to make a payment, it must be	enclo	sed		
		with this claim form.		\$ <i>- 0</i>	; - ·	
	d.	If balance is zero, insert "None."		Nor	ne_	
2.	Clair	m for securities as of December 11, 2008:				
PLEASE	DO	NOT CLAIM ANY SECURITIES YOU HAVE	E IN Y	OUR POSSE	SSION.	
			YE	<u>s</u>	NO	
	a.	The Broker owes me securities	<u> </u>	<u> </u>		
	b.	I owe the Broker securities			χ	
	Ċ.	if yes to either, please list below:				
				Number o Face Amou	f Shares or nt of Bonds	
Date of	F			The Broker	1 Owe	
Transact (trade da		Name of Security		Owes Me (Long)	the Broker (Short)	
(liade da	216)			(+01,8)	(011011)	
		\$1,071,267,93	•	X	-	
		Please refer to Income Plus	•			
		Invistment Fund SIPC Claim:	-			
		the above estimated amount is the	2			
		Claimant's Share of the madelf 1055 only.	-			
claim a	nd si encid	mentation can speed the review, allowand the time required to deliver your use, if possible, copies of your last account the contract account to the c	secui nt stati	ities and ca ement and p	sh to you. urchase or	
sale cor any oth	nfirm er do	ations and checks which relate to the sec ocumentation, such as correspondence,	urities: which	or cash you you believe	i claim, and e will be of	

502180406

assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		<u> </u>
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	·	<u>_X</u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		<u> </u>

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.					
	Please list the full name a preparation of this claim for	nd address of anyone assisting you in the orm: See Exhibit A				
If you car case, ple	nnot compute the amount claim is a	of your claim, you may file an estimated clain an estimated claim.	n. In that			
IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.						
THE FO	THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.					
Date	3-2-2009	Signature Man Mark				
Date	<u> </u>	Signature	,,,,,,			
(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)						
See Exhibit B This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:						

502180406

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR IBEW LOCAL 241 PENSION FUND [16-6118689]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

James R. LaVaute, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Michael Talarski, Fund Administrator IBEW Local 241 Pension Fund 701 West State Street Ithaca, New York 14850 Telephone: (607) 272-2809

jmc\Madoff\SIPC\IndirectMadoffInvest\IBEWZ41PF\ClaimFormAsstList

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 72 of 125

This fax was received on the Blitman & King LLP fax server on Monday, April 06, 2009.

RESOLUTION

WHEREAS, the I.B.E.W. Local 241 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Michael W. Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

	LB.E.W. LOCAL 241 PENSION FUND
Dated: 2-/9-09 By:	Michael W. Talarski, Union Trustee
Dated: 2 - 23 - 05 By:	Edward Dickerson, Union Trustee

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 73 of 125

This fax was received on the Blitman & King LLP fax server on Monday, April 06, 2009.

Dated: 2/24/09	Ву:	Casey Weatherby, Union Trustee
Dated:	By:	Kimberly Bautista, Employer Trustee
Dated:	By:	George Denmark, Employer Trustee
Dated:	Ву:	Matthew Labosky, Employer Trustee

Klc/Madoff/I.B.E.W. Local 241PF/Resolution.IncomePlus

This fax was received on the Blitman & King LLP fax server on Monday, April 06, 2009.

RESOLUTION

WHEREAS, the LB.E.W. Local 241 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Michael W.

Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative case and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		I.B.E.W. LOCAL 241 PENSION FUND
Dated:	By:	:
	_,	Michael W. Talarski, Union Trustee
Dated:	By:	
	•	Edward Dickerson, Union Trustee

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 75 of 125

This fax was received on the Blitman & King LLP fax server on Monday, April 06, 2009.

Dated:	Ву:	
	Casey Weatherby, Union Trustee	
Dated: 223-79	By: Kimberly Bautista, Employer Trus	- Bu
Deted:	By: George Denmark, Employer Truste	
Dated:	By: Matthew Labosky, Employer Trus	

Kic/Madoff/i.B.E.W. Local 241PF/Resolution.IncomePhis

This fax was received on the Blitman & King LLP fax server on Monday, April 06, 2009.

RESOLUTION

WHEREAS, the I.B.E.W. Local 241 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC. Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Michael W.

Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		I.B.E.W. LOCAL 241 PENSION FUND
Dated:	Ву:	Michael W. Talarski, Union Trustee
Dated:	Ву:	Edward Dickerson, Union Trustee

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 77 of 125

This fax was received on the Blitman & King LLP fax server on Monday, April 06, 2009.

Dated:	By:	
		Casey Weatherby, Union Trustee
Dated:	Ву:	
		Kimberly Bautista, Employer Trustee
Dated: 2-20-2009	By:	George Demark, Employer Trustee
		George Demark, Employer Trustce
Dated:	Ву:	
		Matthew Labosky Employer Trustee

Kic/Madoff/I.B.E.W. Local 241PF/Resolution.IncomePlus

This fax was received on the Blitman & King LLP fax server on Monday, April 06, 2009

RESOLUTION

WHEREAS, the I.B.E.W. Local 241 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Michael W.

Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		I.B.E.W. LOCAL 241 PENSION FUND	
Dated:	By:		
	•	Michael W. Talarski, Union Trustee	
Dated:	By:		
	•	Edward Dickerson, Union Trustce	

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 79 of 125

This fax was received on the Blitman & King LLP fax server on Monday, April 06, 2009.

Dated:	Ву:	Joseph Ruta, Union Trustee
Dated:	Ву:	Kimberly Bautista, Employer Trustee
Dated:	Ву :	George Denmerk, Etaployer Trustee
Dated:	Ву:	Matthew Labosky, Employer Trustee

Klc/Madoff/LB.E.W. Local 241PF/Resolution.Beacon

This fax was received on the Blitman & King LLP fax server on Monday, April 06, 2009.

IBEW LOCAL 241 PENSION FUND EIN NO. 16-6118689

UNION TRUSTEES

EMPLOYER TRUSTEES

Casey Weatherby
701 West State Street
Ithaca, New York 14850
Telephone: (607) 27202809

Michael Talarski 701 West State Street Ithaca, New York 14850 Telephone: (607) 272-2809

Edward Dickerson 701 West State Street Ithaca, New York 14850 Telephone: (607) 272-2809 Kimberly Bautista Southern Tier Chapter NECA P.O. Box 1326 Binghamton, New York 13902 Telephone:

Matthew Labosky c/o Blanding Electric 429 Commerce Road Vestal, New York 13850 Telephone:

George Denmark 3744 Dean Road Odessa, New York 14869 Telephone:

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 81 of 125

LOCAL UNION 325, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS JOINT TRUST FUND

PENSION FUND

24 Emma Street

Binghamton, NY 13905

Telephone 797-1919

* **@@** 255 C

March 2, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 325 Annuity Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW 325 Local Annuity Fund

James F. Collins

Administrative Manager

Enclosures

0	ICT	$\triangle M$		\cap	AIM
* # k	3.71	1 1 5 b 5	- 5.7	1 - L.	A 8 8 40 1

Claim	Number	
Data I	Secelver	1

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

I.B.E.W. Local 325 Annuity Fund 24 Emma Street Binghamton, NY 13905 Income Plus Investment Fund, Madoff Account #: 1-I0004 Tax ID #: 16-1368200 Provide your office and home telephone no.

OFFICE: (607).797-1919 HOME: (607).723-5293

Taxpayer I.D. Number (Social Security No.)

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- 1. Claim for money balances as of December 11, 2008;
 - a. The Broker owes me a Credit (Cr.) Balance of

\$ -0-

b. I owe the Broker a Debit (Dr.) Balance of

502180406

	C.	If you wish to repay the Debit Balance,						
		please insert the amount you wish to repay and						
		attach a check payable to "Irving H. Picard, Esq.,						
		Trustee for Bernard L. Madoff Investment Securities LLC."						
			If you wish to make a payment, it must be enclosed					
		with this claim form.	\$ <u>- 0</u>					
	d.	If balance is zero, insert "None."	Nor) <u>e</u>				
2.	Clai	m for securities as of December 11, 2008:	• '					
			- 131 VOLID DOCCE	COION				
PLEAS	E DO	NOT CLAIM ANY SECURITIES YOU HAVE	E IN TOOK POSSE	.551014,				
			YES	NO				
	a.	The Broker owes me securities	<u> </u>					
	b.	I owe the Broker securities		<u>X</u>				
	c.	if yes to either, please list below:						
			Number o <u>Face Amou</u>	f Shares or nt of Bonds				
Date (nf		The Broker	l Owe				
Transa (trade o	ction	Name of Security	Owes Me (Long)	the Broker (Short)				
(tiade (aato _j	\$1,637,036.56	×	(4.12.1)				
		1,651,036.34		**************************************				
		Please refer to Income Plus	Subject space and subject subj	manuscript by the desired to the second of t				
Special Control		Investment Fund SIPC Claim:	. state of the sta	***************************************				
***************************************		the above estimated amount is the	? -					
4	······································	Claimant's Share of the modoff		,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		loss only.						

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	* <u></u>	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	OUTSTONE OF CONTYS IS MANUAL PROJECT AND	X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	The sales of the s	·

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 85 of 125

9.	Have you or any member ever filed a claim under th Investor Protection Act of so, give name of that brok	e Securities 1970? if	<u>X</u>
		nd address of anyone assisting you in the print: See Exhibit A	
	nnot compute the amount o ase indicate your claim is a	f your claim, you may file an estimated clair an estimated claim.	n. In that
CONVIC	TION CAN RESULT IN	RAL LAW TO FILE A FRAUDULENT A FINE OF NOT MORE THAN \$50 THAN FIVE YEARS OR BOTH.	
	REGOING CLAIM IS THATION AND BELIEF.	RUE AND ACCURATE TO THE BEST	OF MY
Date <u>3</u>	-2-09	Signature James Callins	
Date		Signature	
address, than a pe	phone number, and exteners ersonal account, e.g., corpo	red, all must sign above. Give each owne t of ownership on a signed separate sheet rate, trustee, custodian, etc., also state you ust agreement or other proof of authority.)	i. If other
		must be completed and mailed prompti	у,

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR IBEW LOCAL 325 ANNUITY FUND EIN # 16-1368200

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Bernard T. King, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

James F. Collins, Administrative Manager IBEW Local 325 Annuity Fund 24 Emma Street Binghamton, New York 13905 Telephone: (607) 729-6171

RESOLUTION

WHEREAS, the I.B.E.W. Local 325 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize James F. Collins, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

I.B.E.W. LOCAL 325 ANNUITY FUND

Dated: 2-24-09	By: James F. Callins
	James F. Collins, Union Trustee
Dated: 2-24-09	By:
	Daniel R. Dvorsky, Union Trustee

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 89 of 125

Dated: 2-24-09	By:	John Friedman
	-	John Friedman, Union Trustee
Dated: 2 - 24 - 09	By:	bumberly-Back str 1
		Kimberly Bautista, Employer Trustee
Dated: 2-24-09	By:	1111000ch
	•	Matthew Labosky, Employer Trustee
Dated: 2-24-09	By:	Iret Viershile
	•	Scott Nejeschleba, Employer Trustee

IBEW LOCAL 325 ANNUITY FUND EIN NO. 16-1368200

UNION TRUSTEES

James F. Collins, Administrative Manager 24 Emma Street Binghamton, New York 13905 Telephone: (607) 729-6171

Daniel R. Dvorsky 12 Hillcrest Avenue Binghamton, New York 13901 Telephone:

John Friedman 135 Zimmer Road Kirkwood, New York 13795 Telephone:

EMPLOYER TRUSTEES

Kimberly Bautista Southern Tier Chapter NECA P.O. Box 1326 Binghamton, New York 13902 Telephone:

Matthew Lobosky Blanding Electric 429 Commerce Road Vestal, New York 13850 Telephone:

Scott Nejeschleba All Phase Electrical Contractors 6 Emma Street Binghamton, New York 13905 Telephone: (607) 797-6535

LOCAL UNION 325, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS JOINT TRUST FUND

PENSION FUND

24 Emma Street

Binghamton, NY 13905

Telephone 797-1919

255 C

March 2, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 325 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW 325 Local Pension Fund

James F. Collins

Administrative Manager

Enclosures

\sim 1	107	ME:	? €	LAIM	i
L	וכנ	Y (🗀 (ヽ∨	_~\!!*	ı

Claim Number	
Date Received	

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

I.B.E.W. Local 325 Pension Fund
24 Emma Street
Binghamton, NY 13905
Income Plus Investment Fund,
Madoff Account #: 1-I0004
Toy ID #, 16 6000105

Provide you	ur office and home telephone no
OFFICE:_	(607) 797-1919
HOME:	(607) 723-5293
	D. Number (Social Security No.) - くり8/05

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of

b. I owe the Broker a Debit (Dr.) Balance of

\$ 986.98

	C.	If you wish to repay the Debit Balance,							
		please insert the amount you wish to repay and							
		attach a check payable to "Irving H. Picard, Esq.,							
		Trustee for Bernard L. Madoff Investment Securities LLC."							
		If you wish to make a payment, it must be	enclosed						
		with this claim form.	\$	0-					
	d.	If balance is zero, insert "None."		lone					
2.	Clair	m for securities as of December 11, 2008:							
PLEASE	DO E	NOT CLAIM ANY SECURITIES YOU HAVI	E IN YOUR POS	SESSION.					
			YES	NO					
•	á.	The Broker owes me securities	<u> </u>						
	b.	I owe the Broker securities	-	<u> </u>					
	c.	if yes to either, please list below:							
				er of Shares or sount of Bonds					
Date of	•	•	The Broke	er I Owe					
Transact		Names of Consumbs	Owes Me						
(trade da	110)	Name of Security	(Long)	(Short)					
		<u> </u>	<u>X</u>						
		Please refer to Income Plus							
		Investment Fund SIPC Claim:	·	****					
·		the above estimated amount is the	, , , , , , , , , , , , , , , , , , , 	-					
		<u>Claimant's Share of the Madoff</u> 1055 only.							

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		<u>X</u> .
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		<u>X</u>
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	<u>X</u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		<u> </u>

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A
If you can case, ple	nnot compute the amount of your claim, you may file an estimated claim. In that asse indicate your claim is an estimated claim.
CONVIC	VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. TION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR NMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.
THE FO	REGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY ATION AND BELIEF.
Date	3-2-09 Signature Games Callerin
Date	Signature
address, than a pe	ship of the account is shared, all must sign above. Give each owner's name, phone number, and extent of ownership on a signed separate sheet. If other rsonal account, e.g., corporate, trustee, custodian, etc., also state your capacity prity. Please supply the trust agreement or other proof of authority.)
See Ext	nibit B nis customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR IBEW LOCAL 325 PENSION FUND EIN # 16-6098105

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Bernard T. King, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

James F. Collins, Administrative Manager IBEW Local 325 Pension Fund 24 Emma Street Binghamton, New York 13905 Telephone: (607) 729-6171

RESOLUTION

WHEREAS, the I.B.E.W. Local 325 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize James F. Collins, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

I.B.E.W. LOCAL 325 PENSION FUND

Dated: 2-24-09	By:	Hamm F Calles
		James F. Collins, Union Trustee

Dated: 2-24-06

By: Daniel R. Dvorsky, Union Trustee

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 101 of 125

Dated: 2-24-09	By:	John Triedman
<i></i>	_,	John Friedman, Union Trustee
Dated: 2-24-09	By:	Kimbery Grunt & Co.
	•	Kimberly Bautista, Employer Trustee
Dated: 2-24-09	By:	///Witte teld
	·	Matthew Labosky, Employer Trustee
Dated: 2-24-99	By:	Scott Leverantie
	•	Scott Nejeschleba, Employer Trustee

IBEW LOCAL 325 PENSION FUND EIN NO. 16-6098105

UNION TRUSTEES

James F. Collins, Administrative Manager 24 Emma Street Binghamton, New York 13905 Telephone: (607) 729-6171

Daniel R. Dvorsky
12 Hillcrest Avenue
Binghamton, New York 13901
Telephone:

John Friedman 135 Zimmer Road Kirkwood, New York 13795 Telephone:

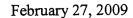
EMPLOYER TRUSTEES

Kimberly Bautista Southern Tier Chapter NECA P.O. Box 1326 Binghamton, New York 13902 Telephone:

Matthew Lobosky Blanding Electric 429 Commerce Road Vestal, New York 13850 Telephone:

Scott Nejeschleba All Phase Electrical Contractors 6 Emma Street Binghamton, New York 13905 Telephone: (607) 797-6535 Part 1 Customer Claims Pg 103 of 125





Irving H. Picard, Esq. Trustee for Bernard L. Madoff Investment Securities LLC Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 910 Annuity Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW 910 Local Annuity Fund

John F. fore

John F. Love Fund Manager

Enclosures

JMC/Madoff/SIPC/IndirectMadoffinvest/IBEW910Annuity/PicardItr

CUS	CTS	M	ER	CL	ΔΙ	M
	310			\sim \sim	_	1171

Claim Number	
Date Received	

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

	Provide your office and home telephone no.
.B.E.W. Local 910 Annuity Fund 25001 Water Street	OFFICE: (800) 801- 2201
Watertown, NY 13601 ncome Plus Investment Fund,	HOME: (315) 782-5941
Madoff Account #: 1-I0004 Cax ID #: 22-6447520	Taxpayer I.D. Number (Social Security No.)
	,

(If incorrect, please change)

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY NOTE: THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1.	Claim for	money	balances	as of	Decen	nber	11,	2008_:
				_				-

b. I owe the Broker a Debit (Dr.) Balance of

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 105 of 125

	C.	If you wish to repay the Debit Balance,			
		please insert the amount you wish to repay	y and		
		attach a check payable to "Irving H. Picard	i, Esq.,		
		Trustee for Bernard L. Madoff Investment		LLC."	
		If you wish to make a payment, it must be	enclose	∙ d	
		with this claim form.		\$ - 0	-
	d.	If balance is zero, insert "None."		Non	e_
2.	Clair	m for securities as of December 11, 2008:			
PLEASE	DO 1	NOT CLAIM ANY SECURITIES YOU HAVE	E IN YOU	R POSSE	SSION.
			YES		NO
	a.	The Broker owes me securities	X		
	b.	I owe the Broker securities		<u> </u>	X
	C.	if yes to either, please list below:			
				Number of	
			<u>_F</u> :	ace Amour	nt of Bonds
_Date of				e Broker	l Owe
Transact (trade da		Name of Security		ves Me Long)	the Broker (Short)
(,	\$1,911.072.97	·	X	(=:::,)
		Please refer to Income Plus			
		Investment Fund SIPC Claim:			
		the above Estimated amount is the			
		<u>Claimant's Share of the Madoff</u> 1055 only.			

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	<u>X</u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		_X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		_X

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A
	nnot compute the amount of your claim, you may file an estimated claim. In that ease indicate your claim is an estimated claim.
CONVIC	VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. TION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR DIMMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.
	PREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY IATION AND BELIEF.
Date	02-27-2009 Signature John F. Sove
Date	
address, than a pe	rship of the account is shared, all must sign above. Give each owner's name, phone number, and extent of ownership on a signed separate sheet. If other ersonal account, e.g., corporate, trustee, custodian, etc., also state your capacity fority. Please supply the trust agreement or other proof of authority.)
	hibit B This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR IBEW LOCAL 910 ANNUITY FUND EIN # 22-6447520

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

John Love, Fund Manager IBEW Local 910 Annuity Fund 25001 Water Street Watertown, New York 13601 Telephone: (315) 782-5941

RESOLUTION

WHEREAS, the I.B.E.W. Local 910 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize John Love, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

I.B.E.W. LOCAL 910 ANNUITY FUND

Dated: 2-19-09	Ву: (Dennis C. Affinati, Union Trustee
Dated: 2-26-09	By:	Elizabeth F. Cassada, Union Trustee
Dated: 2-26-09	By:	Michael Rhubart, Union Trustee

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 110 of 125

Dated:	02-25-09	By:	James a. Williams	
		j	arnes A. Williams, Employer Trustee	
Dated:	02-25-09	By:	Collilla Total	
		j	Leo J. Willeneuve, Employer Trustee	
Dated:	02-26-09	By:	Luy L. Hamand	
			Gary L. Hammond, Employer Trustee	

KLC/Madoff/IBEW910AF/Misc/AFResolutionIncPlus

IBEW LOCAL 910 ANNUITY FUND EIN NO. 22-6447520

UNION TRUSTEES

EMPLOYER TRUSTEES

Dennis C. Affinati c/o IBEW Local 910 AFL-CIO 25001 Water Street Watertown, New York 13601 Telephone: (315) 782-5941

Elizabeth F. Cassada 15662 US Route 11 Watertown, New York 13601 Telephone: (315) 583-5618

Michael Rhubart 6522 Snell Road Lowville, New York 13367 Telephone: (315) 376-2960 James A. Williams, Chairman c/o S&L Electric Inc. 5313 State Highway 56 Colton, New York 13625 Telephone: (315) 265-7677

Leo J. Villeneuve, Secretary c/o S&L Electric Inc. 5313 State Highway 56 Colton, New York 13625 Telephone: (315) 262-2372

Gary L. Hammond c/o Collins-Hammond Electrical Contractors, Inc. Route 68 Riverside Drive P.O. Box 383 Ogdensburg, New York 13669 Telephone: (315) 334-7022

February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 910 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW 910 Local Pension Fund

John F. Love Fund Manager

Enclosures

JMC/Madoff/SIPC/IndirectMadoffinvest/IBEW910Annuity/PicardItr

\sim 1	ICT		AF	D	\cap	MIA.	
احا	101	U	VI 🗀	л.	~L	- MILIVI	

Claim Number
Date Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

I.B.E.W. Local 910 Pension Fund
25001 Water Street
Watertown, NY 13601
Income Plus Investment Fund,
Madoff Account #: 1-I0004
Tax ID #: 16-6100240

Provide your office and home telephone n	10
OFFICE: (800) 801-2201	
HOME: (315) 782-5941	
Taxpayer I.D. Number (Social Security No. 16 - 6149240	٥.,
70 017/2/0	

(If incorrect, please change)

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY NOTE: THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- Claim for money balances as of December 11, 2008_:
 - a. The Broker owes me a Credit (Cr.) Balance of

b. I owe the Broker a Debit (Dr.) Balance of

	C.	If you wish to repay the Debit Balance,							
		please insert the amount you wish to repay and							
		attach a check payable to "Irving H. Picard, Esq.,							
		Trustee for Bernard L. Madoff Investment S	Securities LLC."						
		If you wish to make a payment, it must be	enclosed						
		with this claim form.	\$	<u> </u>					
	d.	If balance is zero, insert "None."	<u> </u>	one					
2.	Clai	m for securities as of December 11, 2008:							
PLEA	SE DO	NOT CLAIM ANY SECURITIES YOU HAVE	E IN YOUR POS	SESSION.					
			YES	NO					
	a.	The Broker owes me securities	<u> </u>						
	b.	I owe the Broker securities		X					
	C.	if yes to either, please list below:							
				r of Shares or ount of Bonds					
Date			The Broke Owes Me						
	saction e date)	Name of Security	(Long)	(Short)					
		⁸ 2,059,884.61	<u>X</u>						
		Please refer to Income Plus							
		Investment Fund SIPC Claim:							
		the above estimated amount is the	?						
		Claimant's share of the Madoff							

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

2

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)		<u>X</u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		<u> </u>

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.				
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A				
if you ca case, ple	nnot compute the amount of your claim, you may file an estimated claim. In that ease indicate your claim is an estimated claim.				
CONVIC	VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. TION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR DIMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.				
	DREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY MATION AND BELIEF.				
	02-27-2009 Signature John F. Lore				
Date	Signature				
(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)					
	chibit B This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:				

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR IBEW LOCAL 910 PENSION FUND EIN # 16-6149240

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

John Love, Fund Manager IBEW Local 910 Pension Fund 25001 Water Street Watertown, New York 13601 Telephone: (315) 782-5941

RESOLUTION

WHEREAS, the I.B.E.W. Local 910 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize John Love, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

I.B.E.W. LOCAL 910 PENSION FUND

Dated: $2 - 19 - 9$	ву: (DCG168
		Dennis C. Affinati, Union Trustee
Dated: 2-26-09	By:	Elizabeth F. Cassada, Union Trustee
Dated: 2 - 26 - 09	Ву:	Michael Rhubart, Union Trustee

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 119 of 125

Dated: 02-25-09	By:	James A. Williams, Employer Trustee
<i></i>	,	James A. Williams, Employer Trustee
Dated: 02-25-09		le Wille
Dutod.	_	Leo J. Villeneuve, Employer Trustee
Dated: 02-26-09	By:	Jay L Harred
Dated. 02-20	Dy.	Gary L. Hammond, Employer Trustee

KLC/Madoff/IBEW910PF/Misc/PFResolutionIncPlus

IBEW LOCAL 910 PENSION FUND EIN NO. 16-6149240

UNION TRUSTEES

Dennis C. Affinati c/o IBEW Local 910 AFL-CIO 25001 Water Street Watertown, New York 13601 Telephone: (315) 782-5941

Elizabeth F. Cassada 15662 US Route 11 Watertown, New York 13601 Telephone: (315) 583-5618

Michael Rhubart 6522 Snell Road Lowville, New York 13367 Telephone: (315) 376-2960

EMPLOYER TRUSTEES

James A. Williams, Chairman c/o S&L Electric Inc. 5313 State Highway 56 Colton, New York 13625 Telephone: (315) 265-7677

Leo J. Villeneuve, Secretary c/o S&L Electric Inc. 5313 State Highway 56 Colton, New York 13625 Telephone: (315) 262-2372

Gary L. Hammond c/o Collins-Hammond Electrical Contractors, Inc. Route 68 Riverside Drive P.O. Box 383 Ogdensburg, New York 13669 Telephone: (315) 334-7022

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 121 of 125

JBEW Local 1249 Pension Fund P O Box 301 6518 Fremont Rd East Syracuse, NY 13057-0301 (315) 656-8390

March 2, 2009

Irving H Picard, Esq
Trustee for Bernard L Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave Suite 800
Dallas TX 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 1249 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW Local 1249 Pension Fund

Daniel R Dafoe

Administrator

C1	IST	$\cap M$	=	CI	AIM
اسا		V-/ 182		Annual Annual	

Claim Number
Date Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

B.E.W. Local 1249 Pension Fund
518 Fremont Road, P.O. Box 301
ast Syracuse, NY 13057
ncome Plus Investment Fund,
Adoff Account #: 1-I0004
22 ID #: 15-6035161

Provide your office and home telephone no
OFFICE: (315) 656-8390
HOME: (315)430 - 1651
Taxpayer I.D. Number (Social Security No.

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- 1. Claim for money balances as of December 11, 2008:
 - a. The Broker owes me a Credit (Cr.) Balance of

o. I owe the Broker a Debit (Dr.) Balance of

\$ 660.87 \$ -0-

	c.	If you wish to repay the Debit Balance, please insert the amount you wish to repay attach a check payable to "Irving H. Picard, Trustee for Bernard L. Madoff Investment S If you wish to make a payment, it must be with this claim form.	Esq., ecurities LLC	. H - O	
	d.	If balance is zero, insert "None."		Non	<u>e</u>
2.	Clair	m for securities as of December 11, 2008:			
PLEASE	E DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOUR PO)SSE	SSION.
			YES		NO
	a.	The Broker owes me securities	<u> </u>		
	b.	I owe the Broker securities			X
	C	if yes to either, please list below:			
					Shares or nt of Bonds
Date of Transaction (trade date)		Name of Security \$4,721,775.48	The Br Owes I (Long	Vlе	I Owe the Broker (Short)
		Please refer to Income Plus			
Wast - 1111 (A.)		Investment Fund SIPC Claim;	NAA MAANAA MATTA TAA MATTA AA	,	Annual Marketine Community and Advisor Annual Marketine C
	(Transport of the Control of the Con	the above estimated amount is the Claimant's Share of the Madoff loss only.	published to the control of the cont		
Proper	· docı	amentation can speed the review, allowa	nce and sati	sfacti	ion of you

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	****	
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		<u>X</u>
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	*	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	Market and the second	<u> </u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		

3

502) 80406

08-01789-cgm Doc 4068-2 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 1 Customer Claims Pg 125 of 125

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A		
If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.			
IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.			
	DREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY MATION AND BELIEF.		
	3-2-09 Signature Danuel Rafal		
Date	3-2-09 Signature Walk		
address than a p	rship of the account is shared, all must sign above. Give each owner's name, phone number, and extent of ownership on a signed separate sheet. If other ersonal account, e.g., corporate, trustee, custodian, etc., also state your capacity nority. Please supply the trust agreement or other proof of authority.)		
	Thibit B This customer claim form must be completed and mailed promptly,		

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

together with supporting documentation, etc. to: